

GAS FITTER

ARKANSAS DEPARTMENT OF HEALTH

PLUMBING & NATURAL GAS SECTION
4815 WEST MARKHAM STREET, SLOT # 24
LITTLE ROCK, ARKANSAS 72205-3867
PHONE (501) 661-2642 • FAX (501) 661-2671

NAME							
	Last		First		Middle		
SOCIAL SECURITY			D.O.B				
The agency is required to obtain	ı your Social Security N	umber for the purp	pose of child support enforcement. her will not be used by the agency a				
HOME / CELL PHONE_		WORK PHONE					
MAILING ADDRESS							
CITY			STATE				
ZIP CODE	COUNTY		EMAIL				
CANDIDATE'S BACKGR	OUND						
FORMAL EDUCATION	Please check:	GED	High School Diploma		College Degree		
	-		nvicted of a crime? YES				
EMPLOYMENT RECORI	D						
EMPLOYER			POSITION				
ADDRESS							
TYPE OF BUSINESS			DATES EMPLOYED_				

EMPLOYER	POSITION	
ADDRESS		
TYPE OF BUSINESS	DATES EMPLOYED	

EMPLOYER	POSITION	
ADDRESS		
TYPE OF BUSINESS	DATES EMPLOYED	

EMPLOYER	POSITION	_
ADDRESS		
TYPE OF BUSINESS	DATES EMPLOYED	
COMPANY, FIRM, P	UMBER OR SUPERVISOR GAS FITTER UNDER WHICH YOU WILL BE WORKING:	
NAME	LICENSE NUMBER	
EMPLOYER TRAINING AGREEMENT:	This is to certify thatFIRM NAME	
LOCATED AT	STREET	
CITY	STATEZIP	
hereinafter designated Emp	oyer, has entered into a Training agreement with the	
Applicant,	, here in after designated Trainee. NAME	

includes related training, st	udy, according to	Rules and Regula	ations of the State of Arkansas.	
We have evidence, or have	evaluated the pro	evious experience	e of the Applicant and believe he or she	
should be allowed experien	ce credit of	Years	Months on their term of training.	
SIGNATURE				
	АР	PLICANT SIGNAT	URE	
		•	red that the foregoing statements and attacher eledge and that he/she personally signed this	
SUBSCRIBED AND SWORN T	O BEFORE THIS	DA	Y	
OF	YEAR			
SIGNATURE OF NOTARY				
SEAL				
		STATE OF		_

COUNTY OF_____

The Employer agrees to make reasonable effort to keep the Trainee employed and to assist him/her in related study and instruction. The trainee agrees to make every effort to complete his/her training, which